51846 5722

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: _____

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tob. Co.

A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME:
G. N. Kuruc, Jr.

METHOD OF PAYMENT:(CHECK ONE)*
( )INVOICE DEDUCTION (X) CHECK

BILL TO: R. J. Reynolds Tobacco Co.

NAME: G. N. Kuruc, Jr.

ADDRESS: 400 Raritan Ctr. Pkwy.
Edison, NJ 08837

PHONE: (908) 225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8030017	12300-97513	WORTH Full Flavor King	$ 2.00	9/3-10/7		
8030106	12300-97713	WORTH Light King				
8030198	12300-97913	WORTH Light Menthol King				
8030097	12300-97813	WORTH Light 100's				
8031285	12300-97613	WORTH Full Flavor 100's				
8031275	12300-92813	WORTH Ultra 100s				
8031364	12300-98013	WORTH Light Menthol 100's				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional $.08 per item promotional charge.

Form #43-678 (3) 6/91

* Payment to be received 15 days from invoice date

Date: _____ Sales Rep Signature: _____

Source: https://www.industrydocuments.ucsf.edu/docs/plky0000

51846 5723

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: _____

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tob. Co.

A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: G. N. Kuruc, Jr.

METHOD OF PAYMENT:(CHECK ONE)*
( )INVOICE DEDUCTION (X) CHECK

BILL TO: R. J. Reynolds Tobacco Co.

NAME: G. N. Kuruc, Jr.

ADDRESS: 400 Raritan Ctr. Pkwy.
Edison, NJ 08837

PHONE: (908) 225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8010106	12300-25513	DORAL Ultra King	$ 2.00	10/8-11/4		
8010156	12300-15113	DORAL Light King				
8010198	12300-1663	DORAL Full Flavor King				
8010211	12300-16813	DORAL Light Menthol 100's				
8010229	12300-15213	DORAL Light 100's				
8010237	12300-16713	DORAL Ultra 100's				
8010245	12300-15313	DORAL Full Flavor 100's				
8011754	12300-15713	DORAL Light Menthol King				
8010384	12300-84013	DORAL Full Flavor King				
8010392	12300-84113	DORAL Light Box				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional $.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: _____ Sales Rep Signature: _____

* Payment to be received 15 days from invoice date

Source: https://www.industrydocuments.ucsf.edu/docs/plky0000

51846 5724

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: _____

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tob. Co.

A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: G. N. Kuruc, Jr.

METHOD OF PAYMENT: (CHECK ONE)*
( )INVOICE DEDUCTION (X) CHECK

BILL TO: R. J. Reynolds Tob. Co.

NAME: G. N. Kuruc, Jr.

ADDRESS: 400 Raritan Ctr. Pkwy.
Edison, NJ 08837

PHONE: (908) 225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8010106	12300-25513	DORAL Ultra King	$2.00	Aug 6-Sept.2		
8010156	12300-15113	DORAL Light King				
8010198	12300-16613	DORAL Full Flavor King				
8010211	12300-16813	DORAL Light Menthol 100s				
8010229	12300-15213	DORAL Light 100s				
8010237	12300-16713	DORAL Ultra 100s				
8010245	12300-15313	DORAL Full Flavor 100s				
8011754	12300-15713	DORAL Light Menthol King				
8010384	12300-84013	DORAL Full Flavor King				
8010392	12300-84113	DORAL Light Box				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional $.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 5/2/95 Sales Rep Signature: J. N. Kuruc

* Payment to be received 15 days from invoice date

Source: https://www.industrydocuments.ucsf.edu/docs/plky0000